Summer Food Service Program For Non-Profit Sponsoring Organizations 2014



SCHOOL AND COMMUNITY NUTRITION
500 Mero Street
Frankfort, KY 40601



Housekeeping

Online Webinar Series

- 1. Annual Training For Renewing Sponsors
- 2. Completing your Renewal Application
- 3. Civil Rights Compliance

- 4. Policy Memo Updates
- 5. Is a Mobile Site for You?

Presentations will also 6. Others? be available in PDF format!



Training Overview:

Eligibility and Types of Sites

Evaluating and Selecting Sites

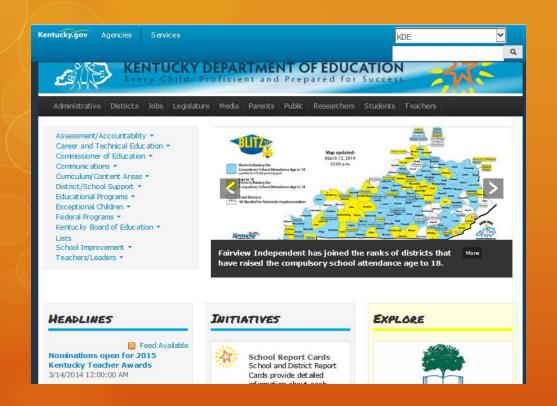
Meal Service Requirements
Including the Meal Pattern and
Menu Recordkeeping

Training and Monitoring Requirements

Recordkeeping Requirements

Program
Expenses and
Procurement

SFSP WEBSITE



STAR=On the SFSP Website

SFSP 2014 Guides!

The Summer Food Service Program Summer Food Rocks!

2014 Administrative Guidance for Sponsors





Under "Guidance" in Resource Section of SCN SFSP Website



The Summer Food Service Program Summer Food Rocks!

2014 Site Supervisor's Guide





1. Eligibility Requirements of Sites and Participants

2. Evaluating and Selecting Feeding Sites

3. Determining the Type of Meal Service to Offer

4.Training and Monitoring

5.Recordkeeping Requirements

6. Program Expenses and Procurement

Participant Eligibility

-Children 18 years and under.

-A person 19 or over who has a mental or physical disability and participates in a school program



Site Eligibility



-The Site must be the actual locations where meals are served and children are eating in supervised settings.

-Eligible sites are those that serve children in lowincome areas or those that serve specific groups of low-income children.





Site Types:

1. OPEN: Meals are available to all children on a first come first served basis.

2. Restricted OPEN: Restricted for reasons of space, security, safety or control. However, still open to all on a first come, first served basis.

- 3. Closed Enrolled Sites: Established Where
- 1. An identified group of needy children live in a pocket of poverty.
- 2. Identified group of needy children are transported to a meal site located in an ineligible location.
- 3. A Program provides organized activities for a specific group of children. SUMMER SCHOOL DOES NOT QUALIFY.

Can determine eligibility through income applications OR area eligibility (children participating must reside in the same neighborhood.) Only those enrolled receive meals.

4. For Profit Sites: Can operate as an open or a restricted open site in a 50% eligible area. Must make meals available on a first come, first serve basis. (Example: Fitness Club)

*Enrolled For Profit Sites or For Profit Camps are Not Eligible

5. Migrant Sites: A Site that primarily serves children of migrant workers. Operate as an open or open restricted site. Must obtain certification from a migrant organization and update this annually.

Determining **Open Site** Eligibility:



1. School Data (Website Link)
Can use data from any school in
the attendance area of site. Data
is good for five years.

2. Census Data. (Website Link) Data good for five years.



Closed Enrolled Eligibility

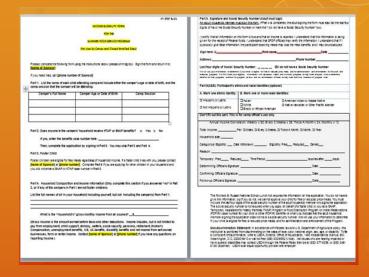


 School Data (Link.) Can use data from any school in the site's district.

2. Census Data. Data good for five years.

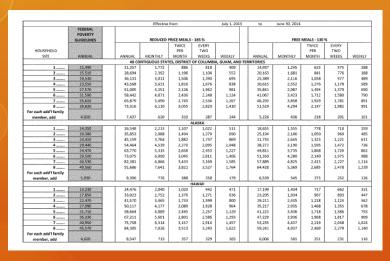


OR



If using income applications, at least 50% of the enrolled participants must meet free or reduced priced eligibility in order for the site to be declared a closed enrolled site.

Income applications must be updated every twelve months. Current year applications are located on our website



Current Year Income Eligibility Guidelines must be used.

If you want to use your own income application, please submit to the State agency for approval before use.



KY SPSP EL-01

INCOME SUBBILITY FORM

FOR THE

SUMMER FOOD SERVICE PROGRAM

(For Use by Camps and Closed Enrolled Sites)

Please complete the following form using the instructions below (please printingibly). Sign the form and return it to Name of Sponcor!

If you need help, call [phone number of 8ponsor]

you did not enter a SNAP or KTAP case number in Part 2.

Part 1. List the name of each child attending campand include either the camper's age or date of birth, and the camp session that the camper will be attending:

Camper's Full Name	Camper Age or Date of Birth	Camp Session

Part 2. Does anyone in the campers' household receive KTAP or SNAP benefits?		Yes		No
If yes, enter the benefits case number here:				_
Then, complete the application by signing in Part 5. You may skip Part 3 and	1Pa	ut 4.		
Part 3. Foctor Child				
Foster children are eligible for fee meals regardless of household income. If a foster child [name of 8poncor] at [phone number]. Complete Part 4 if you are applying for differ child			-	

Part 4. Household Composition and income information (Only complete this section if you answered "no" in Part 2, or if any of the campers in Part 1 are not foster children).

List the full names of all in your household including yourself, but not including the comparis) from Part 1:

What is the "household's" gross monthly income from all sources? _ \$_

Cret are fair fairnes or air i	Types necessing more and years of parties including the camparts months at 1.

(Gross income is the amount earned before taxes and other deductions. Income includes, but is not limited to: pay from employment, child support, alimony, wefare, social security, pensions, retirement Worker's Compensation, unemployment benefits, 88i, VA benefits, disability benefits and not income from self-owned businesses, farm or ental income. Contact insme of Sponsori at johone numbed if you have any questions on

reporting income.)

Part 5. Signature and Social	Security Number (Adult must s	(an)
An adult household member n	<u>rustsion this form.</u> If Part 4 is con	rpleted, the adults igning the form must also list the last t
digits of his or her Sodal Secu	inty Number or mark the "I do not	have a Sodal Security Number box.
		e is reported. I understand that this information is being ficials may verify the information. I understand that if I
		may lose the meal benefits, and I may be prosecuted.
8ign here: X		Date:
Address:		Phone Number:
Last four digits of 8ooial 8e	ourity Number:	I do not have a Social Security Number
breddet gregore. We MAY share your	algirity information with advantage, hash	griss made, and for administration, and enforcement of the lumb and it, and nutrition graymes to help them endusin, fund, or determine ask to help them leak into violations of graymer rules.
i de la companya de	thnic and racial identities (option	
A. Mark one ethnic identity:	B. Mark one or more radial k	dentities:
☐ Hispanic or Latino	□Asian	☐ American Indian or Alaska Native
□ Not Hispanic or Latino	☐ White ☐ Black or African American	□ Native Hawaiian or Other Pacific Islander
Don't fill out this part. This is	s for eamp official's use only.	
Annual Income Conv	ersion: Weekly x 52, Every 2 V	Neeks x 26, Twice A Month x 24, Monthly x 12
Total Income	Per: DWeek, D Brey 2Weeks,	□ Twice A Month, □ Month, □ Year
Household size:		
Categorical Elgibility: Dd	te Withdrawn: Elgibli	Ity: Free Reduced Denied
Reason:		
Temporary: Free Redu	ced Time Period:	(expires afterdays)
Determining Official's Signatur	e:	Date:
Confirming Official's Signature	E	Date:
Follow-up Official's Stonature:		Date

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meds. You must include the last four digits of the social security number of the adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a SNAP. Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number for your child or other (FDPIR) identifier or when you indicate that the adult household member signing the application does not have a social security number. We will use your indiant action to determine if your child is eligible for free or reduced price meas, and for administration and enforcement of the Program.

Non-disorimination 8tatement: in accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To fix a complaint of discrimination, write to USDA, Director, Office of Adjudication, 1400 independence Auenue, 8W, Washington, D.C. 20250-9410 or call followed (885) 632-9992 (Volce). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8338; or (800) 845-6136 (Spenish). USDA is an equal opportunity provider and employer.

1. Eligibility Requirements of Sites and Participants

2. Evaluating and Selecting Feeding Sites

3. Determining the Type of Meal Service to Offer

4.Training and Monitoring

5. Recordkeeping Requirements

6. Administrative Reviews

7. Program Expenses and Procurement

What is a "Site?"















Sites That Offer Educational, Enrichment, and Recreational Activities Are Strongly Preferred!











Only one sponsor can serve a particular Area with one site unless there is an explanation of why two or more sites in close proximity to each other, are necessary.





Sponsors should ensure when selecting sites that the site can provide a quality meal service. Look at -Equipment -Facilities -Health Standards -Number of children potentially being served



Remember to
Include Clear and
Informative
Signage, especially
when sites are not
easily visible!



EXTREME WEATHER!



Have a plan in place for extreme weather such as thunderstorms or extreme heat.

Non-Congregate Feeding



-In situations of "Extreme Heat" (designated by the National Weather Serivice) sites may allow food to be taken off-site for consumption. (SP 16-2014, SFSP 14-2014) Please see the Instruction and Application for this on our website.

-All Sites Should enter into an Agreement with the Sponsor. However, the Sponsor has final responsibility for any site.



-The Health Department must be notified, in writing, of all prospective sites. Prompt trash removal must be arranged beforehand also.



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TYPE OF MEALS for

Regular Open, Open Restricted, and Closed Enrolled Sites:

-One or Two Meals

-If Serving 2 meals, may serve any two meals EXCEPT the Lunch and Supper Combination

Lunch And Supper

Supper Meals are approved only when feasible and appropriate!

Migrant Sites May Serve up to Three Meals a Day: Any Combination

SFSP Meal Pattern



Bre	akfast	Serving	Size
•	Fluid Milk	•	Log
•	Juice or Fruit or Vegetable	•	12 op
T	Grains/Breads		
	Snead, whole greate or enriched	17	l situr*
	Cold dry careal; whole grain, aretaked or firstfled	-	Stop (e.l.o)
	Cooked cereal, rice and modify products	-	12mp
Sna	ck Select two of the following four components		
	Fluid Milk	•	Lag
•	Juice or Fruit or Vegetable	-	Жар
	Meat or Meat Alternate	ď	Lounce
T	Grains/Breads		
	Sread, whole grate or enriched	17	I short
	Cold dry careal; whole grain, aretaked or firstfled	-	Map (e) a
	Cooked cereal, rice and modile products	-	12mp
Lun	ch/Supper		
•	Fluid Milk	•	Loop
ø	Lean Meat or Poultry or Fish or	86	2 ounce
	Alternate Protein Products or	îi	2 00000
	Cheese or	\$6	2 ounce
	Egg (Large) or	•	I egg
	Cooked Dry Beans or Peas or	-	12 op
	Peanut Butter, Soynut Butter, or Nut or Seed Butters or		47
	Peanuts, Soynuts, Tree Nuts or Seeds or	000	1 or = 3
	Yogurt, Plain or Flavored, Unsweetened or Sweetened or an epitralest quantity of any continuous of the above matchinet attenues.	•	A conce I cop
•	Vegetables and/or Fruits (2 or more) Laquaste contage of regetable coellor (not)	•	Map
-	Bread	1	I silve *

^{*} or an explosited serving of an acceptable grained/mecha food component such as combined, blaculte, volte, multine, place once, ab. make of a white-pain, form, or gene product and/or enthined read or fluor.
**Por south, julies may not be served when this is a served as the cody after component.

Breakfast



3 Components Required

- 1. Fluid Milk (1% or Skim)
- 2. Fruit, Vegetable or 100% juice.
- 3. Grains/Breads

A Meat/Meat Alternate is **not** required but can be a nice addition!

Lunch/Supper

5 Items required

- 1. Fluid Milk (1% or Skim)
- 2. Fruit and/or Vegetable
- 3. Fruit and/or Vegetable
- 4. Grains/Bread
- 5. Meat/Meat Alternate



Snack

2 Components Required

Fluid Milk (1% or Skim) and/or

Vegetable/Fruit: Whole Fruits and vegetables are included at least twice a week. (Juice must not be served when milk is the only other component) and/or

Bread/Grain Item and/or

Meat/Meat Alternate



INFANTS?



1-6 Year Olds?



Teenagers?



Must follow infant meal pattern guidelines. Call us. (Must have an Infant waiver on file!)

Portion sizes can be adjusted for younger children.

> You may serve an adult sized portion to teenagers!

OFFER VS. SERVE

Optional for All Sponsors



Breakfast: Sponsor Prepares Required Components plus one more. Participant may decline one item.

Lunch and Supper: Sponsor Prepares Required Components. Participant may decline two items.



Other Meal Service Requirements:

A sharing table may be designated for whole items that children choose not to eat, as long as the practice is in compliance with local and State health and safety codes.

Serve the same meal to all of the participants



All participants eat meals "on-site." HOWEVER, One whole fruit, vegetable, or grain items that is not eaten may be taken off site by the participant. (disclaimer)

Let the State Agency know about Field Trips!



-Meals can be delivered no more than 1 hour before the beginning of the meal service.



-Establishing Meal Times (No time restrictions)



-If meals are not prepared on site, proper facilities exist onsite for storing the food! (Remember Food Safety!)

Menu Record Planner Meals Must Meet Meal
Pattern Requirements and
Sufficient Quantities of
Each Component Must be
Served for meals to be
Reimbursable.

Fill out each component item completely

List the appropriate portion size or amount if a CN label product

Document number of total portions prepared

One planner per day, per food prep facility

iite:		_ Date:			
ponsor:		Sponsor ID:			
Breakfast (3 components)	Menu item	Portion Size	Number of Portions		
filk		8oz	Prepared		
ruit/Vegetable/Juice					
read/Grain					
Other:					
Lunch or Supper		Portion Size	Number of		
(5 components)	Menu Item	Portion Size	Portions		
filk		8oz	Prepared		
feat/Protein					
ruit/Veg I					
ruit/Veg 2					
read/Grain					
ther:					
<u> </u>					
Snack (2 out of 4 components)	Menu item	Portion Size	Number of Portions Prepared		
Milk		8oz			
ruitVegetable/Juice					
Bread/Grain					
Meat/Protein					
Other					
20101					



	Breakfast,Lunch/Supper, Snack Daily SFSP Menu Planner								
Site: Clear La	alle Dr. Com. Centroate: Suly 8, 2014								
Sponsor. Clearla	Ke CAC	Sponsor ID:	22125						
Breakfast (3 components)	Menu item	Portion Size	Number of Portions Prepared						
Milk	SkimMilk	8oz	100						
Fruit/Vegetable/Julce	Banana	1/ac	100						
Bread/Grain	Cheerios	102	100						

Menu Item	Portion Size	Number of Portions Prepared
SkinMilk	8oz	
7	102	100
Lother Mon	Va cup	100
Ovanas	Jacup	100
CanToptilla	102	100
Shredde & Chedda	107-	166
	SkimMilk Graind Beef Leftuu Tom Ovanas	Menultem SKIMMIK 802 Grand Beef 102 Lettur Tom Yacup Ovanas Jacup

Other:

Snack (2 out of 4 components)	Menu item	Portion Size	Number of Portions Prepared
Milk		8oz	
Fruit/Vegetable/Juice			
Bread/Grain			
Meat/Protein			
Other:			

	Comments;	
l		
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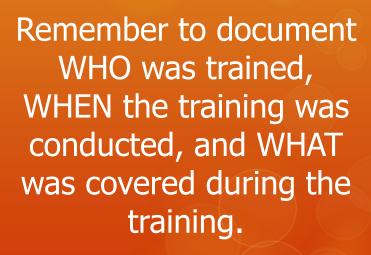
7. Program Expenses and Procurement



Document Training on the Training Form provided to you by the State Agency (SFSP Website.)

Ensure all Staff are trained on the specific requirements of their job or role in SFSP. All will be trained on Civil Rights.

	Summer Food Service Pro	gram (SPSP)		
	(Sponsor Name He	rm)		
	SYSP Staff Training Agenda an	d Sign-in Sheet		
	(Date)			
Agenda				
(List the itoms to be discussed du	ring the training - Se sure to includ	le Civil Mights)		
Steff Sign-in				
Staff Sign-in Printed Name	Signature	Site Name	Time	Time
	Signature	Site Name	Time Arrived	Time Left
	Signature	Site Name		
	Signature	Site Name		
	Signature	Site Name		
	Signature	Site Name		
	Signature	Site Name		
	Signature	Site Name		
	Signature	Site Name		
Printed Name	ttendees were trained in th	e aspects listed abov	Arrived	Left
Printed Name		e aspects listed abov	Arrived	Left
Printed Name	ttendees were trained in th	e aspects listed abov	Arrived	Left

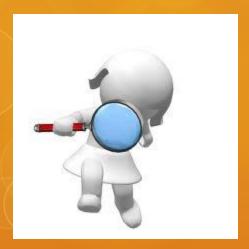




Different Trainings may be conducted due to varying roles of hired or volunteer workers

Keep Your Training
Agenda and Signature
Form available for review.





Monitoring!

The Role of the SFSP Monitor

 Conduct a *Pre-Operational Visit* for All New Sites (See SFSP Website for Preoperational Visit Form)

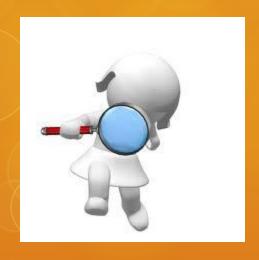


2. Conduct a quick *First Week Visit* for All Sites (May Be Waived for Returning Sites) (See SFSP Website for First Week Visit Form)



3.Conduct an in-depth *Monitor Review* within FOUR WEEKS for all sites. (See SFSP Website for Monitor Form)





Monitoring!

USDA recommends one monitor for every 15-20 urban sites. More may be necessary for rural sites.

Use your Monitoring
Documentation to Improve Your
Meal Service!

Keep All Monitoring
Documentation
Available for Review

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Daily Recordkeeping Requirements

- 1. Menu Planner
- 2. Daily Meal Counts
- 3. Weekly Meal
 Count (Site Record
 of Meals Served)
- 4. Delivery Tickets for Satellite Self-Prep Sites

1. Menu Planner



Sponsors must keep records that provide adequate document that all meals claimed have met the meal pattern and were eligible for reimbursement. Each Food Preparation Facility must keep their own menu planner with total number of meals prepared by that facility.

Site:		Date:	
Sponsor:		Sponsor ID:	
Breakfast (3 components)	Menu Item	Portion Size	Number of Portions Prepared
Mik		8oz	
Fruit/Vegetable/Juice			
Bread/Grain			
Other:			
Lunch or Supper (5 components)	Menu Item	Portion Size	Number of Portions Prepared
Milk		8oz	
Meat/Protein			
Fruit/Veg I			
Fruit/ Veg 2			
Bread/Grain		-	
Other:		-	
		-	
Snack		Portion	Number of
(2 out of 4 components)	Menu item	Size	Portions Prepared
Mik		8oz	
Fruit/Vegetable/Juice			
Bread/Grain			
Meat/Protein			
Other:		1	
Comments:			

Must include:



2. Daily Meal Count Sheet

The number of meals delivered or prepared, by type

Complete first meals served to children, by type

Number of second meals served to children, by type

Excess meals or leftover meals

Meals served to program adults, if any

Meals served to non-program adults, if any

This Document is Returned to the Sponsor either daily, OR at least by the end of the week.

Attachment 18

DAILY MEAL COUNT FORM	
Site Name: Meal Type (circle): B L SN SU	
Address: Telephone:	
Supervisor's Name: Delivery Time: Date:	
Meals received/prepared+ Meals available from previous day = (Total meals available)	[1]
First Meals Served to Children (cross off number as each child receives a meal):	
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	
21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40	
41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60	
61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80	
81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100	
101 102 103 104 105 106 107 108 109 110 111 112 113 114 115 116 117 118 119 120	
121 122 123 124 125 126 127 128 129 130 131 132 133 134 135 136 137 138 139 140	
141 142 143 144 145 146 147 148 149 150 Total First Meals +	[2]
Second meals served to children:	
1 2 3 4 5 6 7 8 9 10 Total Second Meals +	[3]
Meals served to Program adults:	
1 2 3 4 5 6 7 8 9 10 Total Program Adult Meals +	[4]
Meals served to non-Program adults:	
1 2 3 4 5 6 7 8 9 10 Total non-Program Adult Meals+	[5]
TOTAL MEALS SERVED =	[6]
Total damaged/incomplete/other non-reimbursable meals +	[7]
Total leftover meals +	[8]
Total of items: [6] ☐+ [7] + [8]	<u></u>
[9] (Item [9] should be equal to	item [1])
Number of additional children requesting a meal after all available meals were served:	
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15	
By signing below, I certify that the above information is true and accurate:	
Signature Date	

Must include:

The number of meals delivered or prepared, by type

Complete first meals served to children, by type

Number of second meals served to children, by type

Excess meals or leftover meals

This Document is

Maintained at the Site

for the Entire Duration of
the SFSP Operation for that

Site

3. Weekly Meal Count Sheet (Site Record of Meals Served)

Kentucky Department of Education

				SFS	P SITE RECO							
e Name:									Site Supervis	or:		
al Service	- Break	fast A.M.	Snack	Lunch 🗆	P.M. Snack	Supper			Date:			
		Not	te: A copy o	f this form <u>mu</u>	st be maintaine	ed at the	site for the	duration of the		ons.		
DATE	DAY	# OF MEALS AVAILABLE*	# OF FIRST MEALS SERVED	# OF SECOND MEALS SERVED	# OF LEFTOVERS		DATE	DAY	# OF MEALS AVAILABLE*	# OF FIRST MEALS SERVED	# OF SECOND MEALS SERVED	# OF LEFTOVERS
	Monday					I I		Monday				
	Tuesday					I [Tuesday				
	Wednesday					[[Wednesday				
	Thursday					I [Thursday				
	Friday					[[Friday				
	Saturday					[[Saturday				
	Sunday					[[Sunday				
	Monday							Monday				
	Tuesday					† 1		Tuesday				
	Wednesday					t l		Wednesday				
	Thursday					† 1		Thursday				
	Friday					t I		Friday				
	Saturday					† 1		Saturday				
	Sunday					i i		Sunday				
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	Monday					. I		Monday				
	Tuesday					ļ !		Tuesday				
	Wednesday					. I		Wednesday				
	Thursday					l I		Thursday				
	Friday					. I		Friday				
	Saturday					! !		Saturday				
	Sunday					. I		Sunday				
						ļ ļ						
	Monday					↓		Monday				
	Tuesday					ļ !		Tuesday				
	Wednesday					. I		Wednesday				
	Thursday					↓ !		Thursday				
	Friday					! !		Friday				
	Saturday					↓ [Saturday				
	Sunday					l [Sunday				

11/19/10

day per meal service your site is operating. This number should be copied from your Daily Meal Count Form. Maintain this form at your site as a record of total meals served.

* Number of Meals Available includes the number of meals prepared, or delivered, plus left over from previous day if applicable. (Revised from 2010 form)

Must include:

The Name of the Sponsor, the name of the Site, and the name of the Preparation Facility

Designate which meal is being delivered (one delivery ticket per meal type)

Number of Meals Ordered and Delivered

Time of Delivery

Information about the Quality of Food

Signatures of Person Delivering and Person Accepting

This Document is Returned to the Sponsor either daily, OR at least by the end of the week.

4.Delivery Slips (Required for all Satellite Prep and Vended Meals)

Sponsor Name Date Name of Site
DateName of Site
Name of Preparation Facility
B L SN SPR
Number of Lunches Ordered
Number of Lunches Delivered
Time of Delivery
is the food acceptable at the time of delivery (temperature, appearance, etcyes no
Commerts:
Signature of Person Picking up/Delivering Meals
Signature of Person Receiving Meals at the Site

KY SFSP Delivery Receipt
Sponsor Name
DateName of Site
Name of Preparation Facility
B_L_SN_SPR
Number of Lunches Ordered
Number of Lunches Delivered
Time of Delivery
is the food acceptable at the time of delivery (temperature, appearance, etcyes no
Commerts:
Signature of Person Picking up/Delivering Meals
Signature of Person Receiving Meals at the Site

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Program Cost Documentation



All Sponsors are Required to Keep Documentation of Program Expenses to account for the receipt, obligation, and expenditure of all SFSP Funds

[OMB Circular A-110, Section 22 (i)]

**Sponsors do not have to keep a separate food service account for their SFSP program.

Allowable Costs

Cost Non-Food Items That Are Used in The Preparation of the Meal, the delivery of the meal, or the Meal Service.

Cost of Food



Program Labor Such as Cooks or Site Supervisors

Administrative Labor such as Program Managers or Monitors





Pocumentation of Food and Non- FoodReceipts

Purchasing Invoices



SAMPLE RECEIPT 100 100 10000 MARKET MICH. MANAGEMENT AND PERSONS ASSESSED. THE RESERVE OF Milital Penturing Seminar Fig. 1, 1995 100001-01 Mary Comment 1600 11100 THE REAL PROPERTY. MACH. 10.0 MAC IN 1.0 100 200 med bearing 100.00 PERSON NAMED Company of the last of the last 91.00 THE PERSON March Street

> THE REST WHEN STYLE 4 WHEN SERVICES

Bank Records



ProofThe second of the sec

Mileage Logs



Monthly Inventory
Control Sheet (Done per Month)

Name of site isponsor: Central kitchen: Inventory period: 1. Food item 2. Purchase unit-size & description (case, bag, can, fb.) 3. # of units on hand 4. Unit cost 5. Total on hand								
Central kitchen: Inventory period: to Beginning inventory: \$ 1. Food item 2. Purchase unit-size & description at description and description at description at description at description and description at descrip	INVENTORY CONTROL SHEET							
Investory period: to Beginning investory: \$ 1. Food item 2. Purchase unitsize & description on hand 3. # of units on hand	Name of site/sponsor:		Onsite:					
Beginning inventory: \$ 1. Food item 2. Purchase unitsize & description & description 3. # of units on hand 4. Unit cost 5. Total	Central kitchen:							
1. Food item 2. Purchase unitsize on hand 4. Unit cost 5. Total on hand	Inventory period:	to						
& description on hand	Beginning inventory:	S						
	1. Food item	& description		4. Unit cost	5. Total cost			

Documentation of Program Labor Time



Attachment 26

Site/Sponsor name: Site/Sponsor address:_ Week of:										ber:		_
Name		Н	Hours lours er Da		orke	d in F	ood	l rs kly	Tota Hou Wee	Hourly Wage	able	Total
	S	M	T	w	T	F	S					
	+											
I understand that this is that deliberate misrepr criminal statutes.												

*Use this form for all site-level and food service staff performing operating costs tasks, that is, tasks directly related to the food service (e.g. meal servers, cooks, supervising children at the site).

Documentation of Administrative Staff Time

Attachment 25

Sponsor name:							Sponsor Number:						
Sponsor address:													
Week of:													
								ninistration					
Name			iours er Da					Total Hours Weekly	Hourly Wage	Total Claimable			
	s	M	Т	w	Т	F	s						
		\vdash				_	_						
	-	 	<u> </u>	_	<u> </u>	₩	\vdash						
	-	\vdash	\vdash	\vdash	\vdash	\vdash	+		+				
	+	\vdash	\vdash	\vdash	\vdash	-	+		+				
	\neg				\vdash	\vdash	\vdash		1				
understand that this hat deliberate misrep criminal statutes.	informat resentati	ion is on ma	bein ny sul	g give bject :	en in me to	conn pro	ectio	n with the rec	eipt of Feder licable State	al funds and and Federal			

^{*}Use this form for administrative staff performing administrative cost tasks, that is, tasks related to the administration of the Program (e.g. monitors, book keepers, office staff, directors).

Attachment 27

Summary of Administrative Expenses (Tool for Compiling Expenses Per Month)



SUMMA	ARY OF ADMINISTRATIVE EXPENSES
1. Name of sponsor	
2. Month and year	
3. Position (a)	# of People Salary # of hours Total in that per spent on SFSP (e) position hour administration (b) (c) (d)
	x \$x= \$
	x \$x= \$
	x \$x= \$
	x s= s
	x s = s
	(f) Total salaries paid \$
4. Salaries (line 3f)	\$
Transportation	\$
Communication	\$
Rental of office space	\$
Office supplies	\$
9. Utilities	\$
 Use allowance of furniture and fixtures 	\$
11. Audit fees	\$
12. Legal fees	\$
13. Office building maintenance	\$
14. Other (specify)	\$
	\$
15. TOTAL	\$

Procurement Procedures in SFSP

SFSP Procurement is required by FNS regulation (7 C.F.R. §225.17). As with all other Federal funds, the primary objective of these procedures is to ensure maximum open and free competition. Although the program regulations do not specifically limit the term of procurement contracts, the State Agency will only allow, contract terms of one or two years.

Fill out the Food Supplier Procurement Form with the items that you wish the food suppliers to bid on.

Obtain the names, addresses, and email addresses of *at least* three food supplier companies.

Fill out the prototype *Invitation* to Bid (Form A) letter with the necessary information

Invitation to Bid (Form A)

Date

Contact Name Address City, State Zip

Object: Invitation to Quote Price of Goods

Dear (Contact Name)

We are interested in purchasing (describe goods.)

Using the attached procurement form, please quote your ordinary unit price for supplying these goods together with your discount for volume purchases. Please include sales tax and delivery charges when applicable.

Please also indicate

A) Your terms of payment.

All price quotations must be firm and be good for a period of one year unless otherwise stated.

Please have quotes back to me by (date.)

Sincerely,

Χους Name Χους Title Χους Phone Number Χους Email



Fill out the *Bid List and Contract* (*Form B*) with the items you plan to purchase from the Food Supply Company. Make three copies.



Food Supply Vendor Contract (Form B)

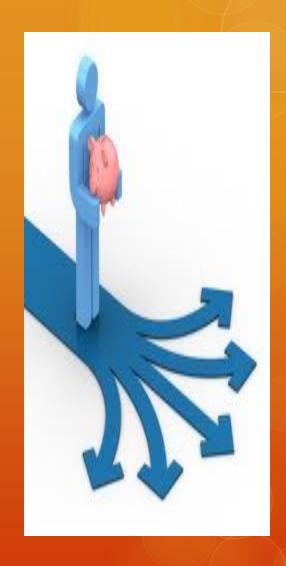
Please quote your ordinary unit price for augglying gloods as indicated in the attached letter. Sign and authority to back to the contact by

			Extended Price
	Quantity Expected		(Quantity x Unit Price)
Items to be Purchased	to Buy	Unit Price	
	+		
	+		
	1		
	+		
	+		
	+		
	+		
	+		
	+		
	+		
	+		
TOTAL			9
		or), agree t	o supply the above
med Items at the price qu			
inte			
iote.			
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erms of payment are		any time.	
erms of payment are als contract may be voided	d by either party at a		ntative Det
erms of payment are	d by either party at a		Det
erms of payment are	d by either party at a		ntativeDet
rms of payment are ils contract may be voided	d by either party at a	Vendor Represer	ntativeDet

Mail or email both documents to each of the food suppliers with a date that the bid should be returned. Sponsors must ensure that all potential food suppliers receive that same information.

When bids are returned to you, compile the bids, and document which food supplier was selected. If the lowest price is not the reason for selecting a prospective bidder, you must document why the alternate food supplier was chosen.

Keep all documentation of your procurement process available for review



QUESTIONS?

Call Cathy Gallagher
502-564-5625 Extension 4933
Cathy.gallagher@education.ky.gov



Thank you for Your Participation in the Summer Food Service Program!

We all Wish You Success!